

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097807655** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2				1			52				
3					1		53				
4						1	54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13			1				63				
14				1			64				
15					1		65				
16						1	66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
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34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			17				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS